



## **A FrameWorks Institute FrameByte The Challenge of Using Fairness to Advance Health Care Reform**

Philosophers, as well as many social and cognitive scientists, have asserted the power of “big ideas” or values to provide the organizing principles on which people reach decisions about everything from policy preferences to child-rearing practices. FrameWorks calls these “Level One” values. From the perspective of the cognitive sciences, the Level Ones are chronically available to us; they are culturally reinforced and shared. When you connect with them, you tap higher-level reasoning. The beauty of this approach is that Level One Values should be the most available to the widest array of people. They are the “language” of social norms and ideals.

When health care reform advocates use a Level One value at all, the one they often turn to is Fairness. While some issues that FrameWorks has investigated have benefited from this value – most notably, rural issues – others prove to be negatively affected by invoking this ideal. In the case of health care reform, using Fairness as the primary Level One value can cause difficulties and may not communicate in the way that advocates believe. Here are two examples of statements that use Fairness as a Level One value:

“We have serious concerns that have to be solved for the health of our state, and immigration reform, which the government should work on, isn’t health care reform. It’s not fair to punish those few kids, who are in the same classrooms with all of our kids, for something that isn’t their fault.”

“The goal of all health care policy needs to be a system that works for everyone in California. To achieve this, health care must be universal, affordable, free of obstacles and biases, comprehensive, and designed to meet community needs. If one element is missing, the system is not complete and will not work for everyone. For example, we might succeed in expanding insurance to everyone in our state, but unless the care is of equally high quality for everyone, some will enjoy better health opportunities than others.”

The first and most basic problem is that invoking Fairness typically makes the discussion about individuals rather than situations or systems. This almost always works against a policy-change agenda. Advocates for social policy change are trying to get the public to move away from an individual responsibility perspective to understand an issue in a public and collective way. Using a fairness argument places the burden on the individuals or group who has been treated unfairly to justify why they should now experience fair treatment. Interestingly, when Fairness worked for rural issues, it was about fairness in the distribution of resources among different regions of the country.

The second example above dramatically demonstrates the temptation inherent in the Fairness frame. While this statement tries to move in the direction of systems, it only pays lip-service to that frame. Instead of showing practical steps toward a solution, for example, it asserts that nothing short of everything will fix the problem. By insisting that every condition of Fairness be fulfilled, it can lead to a charge of extremism. In short, it turns the argument into a moral one instead of a pragmatic one.

FrameWorks research in California shows more specific problems with a Fairness argument when applied to health care reform. We found that appeals for health care reform such as “cover the uninsured” or “expand health care to immigrants” cause Californians to default to a “them vs. us” zero-sum frame and quickly evoke rhetoric and images from welfare and immigration debates. For some Californians, primarily liberals, appeals to justice are effective. These people see health care as a right, not merely a commodity. Further advancing this thinking is an effective strategy for winning the support of this group. However, addressed to a larger audience, it is unlikely that the rights frame will advance health care reform beyond a less-tattered safety net. Many Californians believe that adequate services for the poor already exist and that no one is really refused care. Because health care is most often connected to catastrophic situations, not prevention, few people question the quality or timeliness of such care.

FrameWorks also found that Californians reject every attempt at exceptionalization except those directed to children. They have a hard time seeing why one group (parents of children receiving CHIP or early retirees, for example) should be singled out over another. They also worry that these so-called improvements will have negative consequences on their own coverage, and that they will lose ground. All things considered, the highly developed,

daily-reinforced consumer frame effectively “trumps” appeals to rights and fairness.

Even Black and Latino Californians react negatively to a fairness message focused on health disparities. Few if any Californians want the health care discussion to be “about” race. Indeed, when framed in this way, most groups are angered. There are several reasons why this is so. First, the zero-sum mentality overcomes solidarity with the uninsured. At the same time, stereotypes about illegal immigrants are highly available to African Americans, Asians and Latinos, just as they are to others. There is also concern that one ethnic group will be singled out and a suspicion that other groups will get preference – a zero-sum conclusion. In sum, there is little evidence of any efficacy among any group for casting health care reform as a discussion about race and ethnicity nor about any one group exclusively affected by problems in the system.

### **A Better Level One Value: Responsible Manager**

One of the most effective Level One values to improve the public’s thinking about health care reform is that of a Responsible Manager. In this frame, the system is portrayed as broken and practical problem-solving is needed. Government is called upon to respond to thoughtful interests in the society. Other sectors – business, labor, philanthropy – can play a role in making this appeal for sound management. Government is charged with taking the appropriate steps to fix the system, bringing expertise and involved parties to the table, setting out a plan, and phasing in the needed repairs. California “can-do” and ingenuity are parts of this solutions-oriented frame. This shifts the discussion from the worthiness of individuals or particular groups of Californians, moves away from the zero-sum thinking discussed above, and refocuses the discussion on how to improve the health care system.

If framing is seen as an empirical exercise, then the strength of the Responsible Manager frame should be carefully considered in future messaging on health care reform. Those values such as Fairness that fail to help people see the need for policy reforms should be revisited and reworked before communications goes out the door.

Diane Benjamin,  
Deputy Director for Field Practice, FrameWorks Institute  
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